

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012415

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 206 Primary Registration District No. 206 Registrar's No. 28

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

FILED MAR 26 1963

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WAYNE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FREDERICKTOWN</u>		c. CITY OR TOWN <u>LODI</u>	
Length of stay in 1b <u>11 DAYS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MADISON CO MEMORIAL HOSP</u>		d. STREET ADDRESS (If outside, give location) <u>LODI</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>THOMAS WILSON ROACH</u>			4. DATE OF DEATH <u>MAR 15 1963</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-20-1885</u>	9. AGE (last birthday) <u>77</u>	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED TIMBER WORKER AND BLENDSMITH</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>GREENVILLE MO U.S.A.</u>		
11. BIRTHPLACE (City and state or country)			12. CITIZEN OF WHAT COUNTRY		

13a. FATHER'S NAME <u>ALBERT LUTHER ROACH</u>		13b. MOTHER'S MAIDEN NAME <u>MARY WHITE</u>		14. NAME OF HUSBAND OR WIFE <u>MARY BELLE ROACH</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>RAYMOND ROACH LODI MO</u>	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		<u>years.</u>
DUE TO (c) <u>Generalized Arteriosclerosis</u>		<u>years</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour <u>[REDACTED]</u> a.m. <u>[REDACTED]</u> p.m. <u>[REDACTED]</u>	Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov 19, 1961 to March 15, 63 and last saw her alive on March 15, 63
Death occurred at 11:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Charles Imbachis MD</u>	22b. ADDRESS <u>Fredricktown Missouri</u>	22c. DATE SIGNED <u>March 20, 63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-18-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LEWIS</u>	23d. LOCATION (City, town, or county) (State) <u>LODI MO.</u>
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24. FUNERAL DIRECTOR <u>GISH FUNERAL HOME</u>	ADDRESS <u>FREDMONT MO</u>	25. DATE RECD. BY LOCAL REG. <u>3-22-1963</u>	26. REGISTRAR'S SIGNATURE <u>Therence Glicker</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 0621

2 1110

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 1 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. 4426

P. O. Address Piedmont MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.